

ALLOWANCE HOT LIST

Appl. No. 10 / 043 363
Examiner-TC _____

Prepared by P. Z.
Date 12-13-04

JACKET:

~~YES~~ NO Primary Examiner box complete.

~~YES~~ NO Issuing Classification complete.

PTO-892/1449:

~~YES~~ NO Examiner's initials or cross-through lines supplied for each item cited by applicant.

~~YES~~ NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

~~YES~~ NO Brief Description of Drawings includes description of each figure in drawings.

~~YES~~ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

~~YES~~ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.

~~YES~~ NO Claims correctly numbered in index.

(No duplicate or missing claim numbers.)

(No incorrect dependencies.)

CRFE:

~~YES~~ NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

~~YES~~ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.